

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002897

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

228

Primary Registration District No.

3058

Registrar's No.

18

FILED FEB 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP, only)

OR  
TOWN Louisiana

Length of stay in 1b

3Yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Pike County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri b. COUNTY

Pike

Inside Limits

Yes ☐ No ☒

c. CITY

OR  
TOWN Louisiana

d. STREET

ADDRESS

(If outside, give location)

R.F.D. #1

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First  
ZellaMiddle  
RuthLast  
Perkins

## 4. DATE

OF  
DEATH

Month

Day

Year

January 30, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

2/25/25

## 9. AGE (last birthday)

37

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR.

## 10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)

Machine Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Garment Factory

## 11. BIRTHPLACE (City and state or country)

Ralls County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Jesse W. Elzea

## 13b. MOTHER'S MAIDEN NAME

Elizabeth McGrew

## 14. NAME OF HUSBAND OR WIFE

Joseph E. Perkins

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or or unknown)

(If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Joseph E. Perkins, Louisiana, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Medullary Paralysis

## INTERVAL BETWEEN

ONSET AND DEATH

48 hrs.

## DUE TO (b)

Spontaneous subarachnoid hemorrhage

48 hrs.

## DUE TO (c)

Malignant Hypertension

10 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART III of Item 18.)

## 20c. TIME OF

INJURY

Month, Day, Year

Hour

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1-14-63

to 1-30-63

and last saw alive on 1-30-63

Death occurred at

2:45 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

David D. O.

## 22b. ADDRESS

218 N. 5th, Louisiana, Mo.

## 22c. DATE SIGNED

1-31-63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

## 23b. DATE

2/1/63

## 23c. NAME OF CEMETERY OR CREMATORY

East Lawn Memorial

## 23d. LOCATION (City, town, or county)

Audrain County, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home, Louisiana, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-1-63

## 26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MAR 1 1963  
MAR 25 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J.B. Starn*

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.